Questions about sunscreen persist

Media reports on effectiveness of sunscreens can confuse consumers

Consumers often have questions about what kind of sunscreen to use and how to use it because of confusing reports. Dermatologists need to be ready to confidently answer those questions. In the end, the best answer is that data show that using higher SPF sunscreens helps reduce the risk of skin cancer.

“Dermatologists have to understand reports about sunscreens in the media and understand their weaknesses so that when we talk to patients we can be objective,” Dr. Rigel, MD, MS, said in an interview about his Friday presentation, “Does High SPF Sunscreen Offer Better Protection?”

Consumer confusion arises from two annual reports published each May by Consumer Reports and the Environmental Working Group (EWG), said Dr. Rigel, clinical professor at the Ronald O. Perelman department of dermatology at the New York University School of Medicine. He spoke during “Photoprotection.”

“Last year, Consumer Reports said that many sunscreens did not meet their SPF levels in its testing, which is different from the way the government does its testing. That is part of the issue, but the concern was that sunscreens were not meeting their rated SPF,” Dr. Rigel said.

In its report, the EWG lowered its scores of sunscreens if they had ingredients EWG determined to be detrimental or if they were applied as a spray or a powder.

“Another concern of consumers is the effectiveness of sunscreens in reducing the risk of cancer. That is a question answered by many prospective studies, including a recent study that showed regularly using sunscreens rated SPF 15 or greater reduced the risk of getting melanoma by one-third,” he said.

Even though it is accepted that the greater the SPF the better, there has been a debate on whether to cap the SPF level at 50. SPF 50 blocks 98 percent of the sun’s rays while SPF 100 blocks 99 percent of the rays, but at a greater cost. In addition, the greater concentration of chemicals required for a greater SPF could lead to more allergic reactions.

An important factor in this analysis is that most consumers do not apply sunscreen at the tested and recommended amounts, so it is not as effective as it could be, but under-applying a higher SPF sunscreen will still provide UV protection at a reasonable level. Dr. Rigel said he recently completed a prospective trial, which has not been published, that backs up this reasoning.

“It was a real-world usage study. This study definitively showed an advantage of SPF 100 over 50. The higher SPF sunscreens do make a difference and protect more effectively,” he said.

Dr. Rigel discussed other points about sunscreens:

- It is not an objective system, but consumers see it. It is important that we, as dermatologists, know this and explain that the rating system is done by looking at ingredients that may not be dangerous whatsoever. It is not really measuring how effective they are in terms of protecting you from sunburn,” Dr. Rigel said.

Consumer reports are highlighting the issues, he said.

He said that many people confused about the value of a sunscreen are going to Amazon and clicking on them, which can be misleading because they do recommend, if you click on them, they go right to Amazon and they get click-through revenues for them.

Questions about sunscreen persist because of confusing reports. It is not an objective system, but consumers see it. It is important that we, as dermatologists, know this and explain that the rating system is done by looking at ingredients that may not be dangerous whatsoever. It is not really measuring how effective they are in terms of protecting you from sunburn,” Dr. Rigel said.

The schedule of Late-breaking Research sessions:
- Clinical Trials (F056), 9-11 a.m. in Room W415D
- Clinical Studies/Pediatric (F072), 1-3 p.m. in Room W308A
- Procedural Dermatology (F073), 1-3 p.m. in Room 304C
- Basic Science/Cutaneous Oncology/Pathology (F085), 3:30-5:30 p.m. in Room 304A
- Basic Science/Cutaneous Oncology/Pathology (F085), 3:30-5:30 p.m. in Room 304A

There has been such enthusiasm to put research into the forefront at the Annual Meeting with these Late-breaking Abstract sessions,” Dr. Tsao said. “More than ever, people realize that great science has been, and will continue to be, a vital part of our specialty. I am glad to see that the Late-breaking Abstract sessions are teeming with submissions. Dermatologic research is definitely generating a buzz at this meeting.”

Hensin Tsao, MD, PhD
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Meet your 2017 slate of candidates

The American Academy of Dermatology has selected its candidates in this year’s election. The Nominating Committee voted to present the following slate of candidates (listed in random order) to the membership for the 2017 Academy election of officers, directors, and Nominating Committee member representatives.

**Board of Directors**

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**Plenary lectures to highlight advances in research, practice**

A highlight of every AAD Annual Meeting is the Plenary, with its wealth of lectures addressing topics of interest about dermatology around the world. The Plenary features four scientific and clinical lectures, an invited speaker, and addresses by Academy leaders. Named lectures will address telemedicine, propranolol, cancer development, and psoriasis, and the Guest Speaker will discuss the threat of Ebola. The Plenary will also feature addresses by AAD President Abel Torres, MD, JD, MBA, and President-elect Henry Lim, MD, from 8 to 11:30 a.m. Sunday in the Chapin Theater.

**Clarence S. Livingood, MD, Award and Lectureship**

Better patient access is a key component of improved health care, and telemedicine is expected to play a key role, especially in dermatology. Telemedicine can be used to improve triage, urgent care, inpatient consultation, direct follow-up with patients, and patient monitoring.

Carrie L. Kovarik, MD, will examine the potential of these changes in technology when she presents “Telemedicine and the Future of Medicine.” She is an assistant professor of dermatology, dermatopathology, and infectious diseases at the University of Pennsylvania.

In her lecture, Dr. Kovarik will discuss recommendations for standard practices in telemedicine to ensure quality and the role of the specialty in telemedicine.

**Eugene J. Van Scott Award for Innovative Therapy of the Skin and Phillip Frost Leadership Lecture**

The chance discovery of the positive effects of propranolol on complicated infantile hemangiommas seen when a newborn was being treated for corticosteroid-induced myocardopathy. Since 2014, the molecule has increasingly been used as a successful treatment for hemangiommas.

Christine Léauté-Labrèze, MD, will trace that evolution in “Propranolol in Infantile Hemangiomas: A Successful Drug Repurposing.” She is a pediatric dermatologist at Université de Bourgogne in Bordeaux, France.

**Lila and Murray Gruber Memorial Cancer Research Award and Lectureship**

The treatment of melanomas has improved with an increased knowledge of how moles can evolve from precursor lesions to melanomas. The molecular makeup of melanocytic neoplasms is a key in that evolution.

In his lecture, “How Moles Become Cancer,” Boris C. Bastian, MD, PhD, will discuss his study of lesions and melanoma. He is a professor of dermatology and pathology at the University of California, San Francisco.

**Marion B. Sulzberger, MD, Memorial Award and Lectureship**

Psoriasis has been the focus of an increased number of studies, which have found that the condition is associated with major cardiovascular events, metabolism disorders, diabetes, end-stage renal disease, and mortality. Learn more about this research when Joel M. Gelfand, MD, MSCE, presents “Getting to the Heart (and Other Comorbidities) of Psoriasis.”

He is a professor of dermatology and epidemiology and director of the Psoriasis and Phototherapy Treatment Center at the University of Pennsylvania.

Dr. Gelfand will discuss emerging observational and experimental studies in humans that are better defining the impact of systemic treatment of psoriasis on major health outcomes, such as cardiovascular events.

**Guest Speaker**

Using value to reduce health costs

Medical literature offers guidance in cost-effective treatments

Cost-effectiveness is not about the money but it is about what you are getting for the money. It is not about the dollar amount and spending less, it is about spending smarter," said session speaker Adewole (Ade) Adamson, MD, MPP. “We need to understand in what therapeutic and diagnostic situations you can be more cost-effective.”

Value can seem an abstract concept, but session director Joslyn S. Kirby, MD, an associate professor of dermatology at Penn State University, made it more concrete. She said value can be seen as an equation in which the outcome is divided by the cost. “We need to understand both parts: the numerator and denominator,” she said. “We need to know how to measure or assess outcomes, how to understand what a cost is, and where there is an opportunity to recoup some of the waste. We also need to be able to look at the literature, interpret it confidently, and make changes in our practice.”

As an example, recently published literature calls for reduced monitoring of patients using isotretinoin and spironolactone. “In the last couple of years, there have been papers coming out showing that the side effects of isotretinoin are probably not as common as we think they are,” Dr. Kirby said. “Side effects to the medication that we monitor for with labs are most often seen at the beginning of treatment, and there are very few changes found later in the course of treatment. So there are opportunities to tailor our monitoring practices to what is seen in the data in the literature.”

Speaker Arash Mostaghimi, MD, MPA, MPH, an assistant professor of dermatology at Harvard Medical School, applied the same approach to spironolactone. “The routine testing for hyperkalemia among young, healthy women taking spironolactone for acne is an unnecessary practice,” Dr. Mostaghimi said. “Eliminating testing reduces costs and removes barriers to using this cheap and effective drug.”

“We are going with where the data is leading us, and it is leading us toward the idea that additional testing doesn’t necessarily mean additional safety for the patient. Every time we treat a patient, we need to think about why this test, why this drug, why this patient, and why right now? We need to challenge all of our assumptions.”

Dr. Adamson applied the same approach to the use of combination products for acne. Trials show the effectiveness of these products, but at a great cost over other approaches. “What a lot of people do not look at in a study are the vehicle arm or the group that is not treated with the combination product or the single product,” said Dr. Adamson, an assistant professor of dermatology at the University of North Carolina School of Medicine. “What you don’t notice is that while there is a difference between combination products and vehicle — benzoyl peroxide in particular — that difference is really small.”

“If you look at the price comparing benzoyl peroxide to combination products or monotherapy, there is really only a small difference in how much better people get. You may pay $200, $300, or $500 more to get a 5-10 percent benefit. In practice, that may only be a difference of 4 or 5 pimples at a cost of $500. Is that worth it?” Physicians should use GoodRx to check the prices of medications and look for ways to stay current on their reading, Dr. Adamson said.

“In dermatology, there is no easy resource to be able to determine that. I hope with this discussion that we can create a hub or database where this can be found more quickly.”

What is the most exciting clinical development you’ve heard about recently?

“I was in the New and Emerging Technologies session this morning, where there were many new things about melanoma and skin cancer. The problem with them is that there are very serious side effects, so we have to think hard about when to use them to treat the patients. There was also good information about sunscreens in the session.”

Claire Pereira, MD
Brasilia, Brazil

“Cost-effectiveness is not about the money but it is about what you are getting for the money. It is not about the dollar amount and spending less, it is about spending smarter.”

Paul Dunn, MD
Spokane Valley, Washington

“A better understanding of the pathways involved with eczema and atopic dermatitis, and the development of new drugs that target these specifically, as opposed to the drugs we used to have. We are almost obligated to go back a bit to basic science to understand how these new medications work, but that gives us a much better understanding of the disease.”

Fernanda Bellodi-Schmidt, MD
Cincinnati, Ohio

“The development of a new biologic for atopic dermatitis — dupilumab, which works on IL-4. It has not been approved yet, but atopic dermatitis is something I see a lot, and we have only a limited ability to control the condition.”

Paul Dunn, MD
Spokane Valley, Washington

“I think it is about how dupilumab is going to pan out for atopic dermatitis. That is going to be exciting because there has been nothing new for atopic dermatitis in so long.”

Stephanie Weston, MBBS
London, United Kingdom

“The development of a new biologic for atopic dermatitis — dupilumab, which works on IL-4. It has not been approved yet, but atopic dermatitis is something I see a lot, and we have only a limited ability to control the condition.”

Paul Dunn, MD
Spokane Valley, Washington
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Entrance to convention hall

at booth #2589
Acne guidelines clarify role of antibiotics with topical therapy

The highlights of AAD Guidelines of Care for the Management of Acne Vulgaris, including the use of antibiotics, isotretinoin, hormonal therapy, and physical modalities, as well as the role of diet in acne, will be reviewed during an education session Saturday morning.

“The audience and others in practice ask: Will this restrict what they are able to do? That is not the intent of guidelines. The intent of the guidelines is to review the literature to see what data are available based on current evidence and then provide recommendations in line with that evidence that would be directly applicable to various clinical scenarios,” said the session director, Bethanee J. Schlosser, MD, PhD. She was also a member of the workgroup that wrote the guidelines, published last year (J Am Acad Dermatol 2016; 74(5):945-973).

One of the clinical guideline’s strongest statements is on antibiotic therapy, which should not be used alone, whether it is a topical or systemic antibiotic, said Dr. Schlosser, an associate professor in the department of dermatology at Northwestern University Feinberg School of Medicine.

“If patients do need antibiotics,” she said, “they should always be used in conjunction with a topical therapy, such as benzoyl peroxide, to decrease antibiotic resistance. A retinoid should also be used to enable patients to more quickly decrease or get off antibiotic therapy.

“The guidelines suggest that after initiating an oral antibiotic, patients should be evaluated at three months.”

The guidelines clarify the use of isotretinoin and its dosing strategies, which will be reviewed in the session. They also address concerns about potential links between isotretinoin and inflammatory bowel disease, depression, and mood disorders while advocating for the monitoring of individual patients for depression and mood disorders, Dr. Schlosser said.

Data regarding hormonal therapy for acne is plentiful, with no one oral contraceptive pill standing apart from others. The discussion of hormonal therapy will also address appropriate patient selection and the use of spironolactone as an off-label treatment for acne.

The role of diet in acne still is not clear, with no obvious dietary triggers in most patients, Dr. Schlosser said. However, the presentation will look at data that reviews a high glycemic index and skim milk in dairy products as possible triggers for acne.

The final presentation will explore physical modalities, such as chemical peels, lasers, and light therapy, but the guidelines note too much variability in procedures and outcomes to advocate their use, she said.

“The guidelines do recommend that you can consider those physical modalities of treatment as adjuvant in patients with acne or those who are not eligible for other therapies, but they should not replace standard-of-care therapy,” Dr. Schlosser said.

Most importantly, the new guideline recommendations differ from the previous guidelines by advocating for a greater emphasis on using topical retinoids both during and following oral antibiotics as maintenance therapy, she said.

“The guidelines are most helpful in terms of identifying what gaps there are in terms of the evidence in existence. They are not supposed to handcuff anyone, but are supposed to provide guidance,” Dr. Schlosser said.

To learn more about the acne guidelines, visit www.aad.org/dw/monthly/2015/august/overusing-acne-antibiotics.
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Breaking News

Preventing burnout
Speakers to discuss causes, strategies

Speakers will address the factors contributing to frustration and anxiety for today’s dermatologists. Panelists in the Monday session will explore the silent epidemic of physician burnout and discuss strategies to prevent, identify, and mitigate it for dermatologists. “This is a groundbreaking discussion for our profession,” said J. Matthew Knight, MD, session director. “Although dermatologists historically do better than our peers when it comes to job satisfaction, unprecedented bureaucracy coupled with feelings of worthlessness and fatigue are leading to troubling levels of professional burnout in our ranks. This is a unique and important session for any practicing dermatologist.”

Bureaucracy, Compliance, and Burnout: What it Means to Dermatologists (U084)
7:30-8:30 a.m. Monday
Room W315A

Download the new AAD Meeting Mobile App

It’s back ... and better than ever! The AAD Meeting Mobile App has been redesigned for optimum functionality and easier navigation at the 2017 AAD Annual Meeting. Please note that the old AAD Meetings Mobile App (with the blue AAD logo) is now officially inactive, so you must download the new app with the white AAD logo in the iPhone App store or Google Play.

Overall, the new app will offer the same features as the previous app, which includes the following:
• Session Schedule: Listing of sessions by day, type, category, and speaker; bookmark sessions you like, take notes, or access select session handouts
• Exhibitors: Search by name or category, or view the exhibit hall floor plan
• Speakers: Search by name to see what session they are speaking in
• Maps: Explore floor plans for session rooms

• Ask Me: Discover answers to frequently asked questions
• Event listing: Council, Committee, Task Force meetings, ABlaze and Reunion Groups, Industry Expert Sessions, and Industry Non-CME (INC) Programs (previously known as PIPs)
• E-Posters: Access e-Posters; search by author, title, category, keyword, or poster number
• Audience Response: Access Audience Response Sessions and participate via your mobile device

For instructions, visit www.aad.org/mobile for links on how to download the app for iPhone and Android smartphones. You may also search “AAD Meetings” in the iPhone App store or Google Play and download the app with the white AAD logo icon.

If you have questions or concerns while at the meeting, visit one of the two Mobile App assistance desks at the Orange County Convention Center in West Lobby B, Level 1, or at The Connection, Hall B4. Both desks will be open Friday through Monday from 7 a.m. to 5:30 p.m.

The Annual Meeting opens

The 2017 AAD Annual Meeting opened Friday with large crowds filling the hallways and registration area of the Orange County Convention Center. The excitement flowed over into the Exhibit Hall, where attendees thronged to see the products and services of more than 400 exhibitors. The Annual Meeting will continue through Tuesday.
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### Food Court

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### Notes
- The list includes the exhibitors and their booth numbers as of February 14.
- For the most up-to-date list, go to [show.aad.org/annual17/ec/forms/attendee/indexTab.aspx](http://show.aad.org/annual17/ec/forms/attendee/indexTab.aspx).
AMERICANS HAVE SK.

MORE THAN 83 MILLION
AMERICANS HAVE SK.²

Many SK patients feel embarrassed about their skin, worry about looking older, and struggle to cover, disguise or deal with the condition.¹ SK matters to patients and impacts their daily lives.¹

The majority of patients with SK are interested in a treatment option that is unlikely to scar and does not involve cutting, burning or freezing.¹

Learn more at booth #3526 and SKMatters.com

¹Data on File. Aclaris Therapeutics. SK In-office Observational Study. 486 dermatology patients, 2016.

83% OF SK PATIENTS ARE INTERESTED IN TREATMENT and willing to pay out-of-pocket¹

SKIN
MATTERS:
UNCOVER YOUR SEBORRHEIC KERATOSIS PATIENT

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Melanage represents a new generation of chemical peel that does not burn, wound or injure the skin. The key to understanding Melanage is to distinguish between ingredients that modify corneocyte cohesion in a non-destructive manner and more traditional peeling agents that promote cellular injury. The former act on desmosomes, complexes that essentially bind together corneocytes in the stratum corneum. Combining such agents with other biologically active compounds may enhance the effects of such compounds due to the resulting barrier modification.

Melanage challenges the conventional belief that cellular injury is required to effectively modulate epidermal renewal.

Virtually painless with very low risk of post-inflammatory hyperpigmentation, Melanage offers a new aesthetic option for higher Fitzpatrick-type complexions.

A unique feature of Melanage is that it is supplied as a kit combining in-office procedure supplies along with comprehensive patient home care. This strategy not only helps minimize potential complications resulting from inappropriate product use but also can improve procedure outcomes by exploiting the reduced epidermal barrier.

For additional information or a demonstration, call (800) 874-9686 or visit www.SkinLuma.com

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Visit AAD Booth 1553
ARM YOUR PRACTICE

Now there’s an FDA-cleared solution for the over 14 million people who voted “arm fat” the 3rd most troubling area on their body.*

Introducing the CoolAdvantage Petite™ Applicator
Specifically designed to treat upper arms safely and effectively.

VISIT BOOTH 1231 TO LEARN MORE

Results and patient experience may vary.
* Data on file, ZELTIQ Aesthetics, Inc.
Before/After photos courtesy of Drs. Jean Caruthers and Shannon Humphrey.
In the U.S., the CoolSculpting procedure is FDA-cleared for the treatment of visible fat bulges in the submental area, thigh, abdomen and flank, along with bra fat, back fat, underneath the buttocks (also known as banana roll), and upper arm. The CoolSculpting procedure for non-invasive fat reduction is available worldwide. ZELTIQ, CoolSculpting, the CoolSculpting logo, and the Snowflake design are registered trademarks, and CoolAdvantage Petite is a trademark of ZELTIQ Aesthetics, Inc. © 2017. All rights reserved. (CD/976-A)
Join us for these exciting events at this year’s AAD Annual Meeting!

Hear Expert Insights on What’s Possible With COSENTYX

**INDUSTRY EXPERT SESSION**  
**Presented by:**
- Expert Dermatologist  
  Paul Yamauchi, MD, PhD
- Expert Rheumatologist  
  Sergio Schwartzman, MD

**Saturday, March 4, 2017**
10:45 AM – 11:00 AM Registration  
11:00 AM – 11:45 AM Program  
Industry Expert Theater inside Exhibit Hall  
Orange County Convention Center - West • Orlando, FL  
Please arrive at 10:45 AM to register.  
**Lunch will be provided.**

This Industry Expert Session is a promotional activity and is not approved for continuing education credit. The content of this session and opinions expressed by presenters are those of the Presenting Company or presenters and do not represent an endorsement by, nor imply that the products have been evaluated or approved by the American Academy of Dermatology.

Hear Cyndi Lauper’s Story

**DINNER SYMPOSIUM**  
**Presented by:**
- Jeffrey Weinberg, MD
- Cyndi Lauper

**Sunday, March 5, 2017**
6:30 PM – 7:00 PM Registration  
7:00 PM – 10:00 PM Program  
Orange Ballroom E-G • Hilton Orlando • Orlando, FL  
Please arrive at 6:30 PM to register.  
**Dinner will be provided.**

This program is independent and is not part of the official AAD Annual Meeting, as planned by its Scientific Assembly Committee. This program does not qualify for continuing medical education (CME) credit.

CELEBRATING OUR HISTORY AT BOOTH #1635

Novartis acts in accordance with the PhRMA Code on Interactions With Health Care Professionals. The PhRMA Code states that inclusion of a health care professional’s spouse or guest at an educational program is not appropriate. Your support of these ethical guidelines will help to ensure a high quality learning environment for all participating health care professionals. Thank you.
Now Approved!
Connect the dots to learn more

at booth #2589
Tips for closing surgical defects to be presented

By Terrence A. Cronin Jr., MD
Session Director

 Dermatologists from the Florida Society of Dermatologic Surgeons will make four presentations during a Saturday session on new and better ways to close surgical defects from skin cancer removal:
• “Creating the Ideal Linear Closure,” Jonathan Kantor, MD
• “Surgical Approaches to Multiple Cutaneous Carcinomas,” Terrence A. Cronin Sr., MD
• “Rotation Flaps: How They Work and Where to Put Them,” Andrew Weinstein, MD, MPH
• “Maximizing Your Dermatologic Surgery Outcomes,” Susan Weinkle, MD

A lot of the innovations in wound closure develop among those dermatologic surgeons deep in the trenches of treating the skin cancer epidemic. Whether it’s new suture material, stitching techniques, or new flaps and grafts, I’m pleased that these Florida experts are presenting their pearls and advancements to our AAD audience. Certainly, all attendees will improve their surgical knowledge and be able to help their skin cancer patients more effectively.

Material covered by speakers will include:
• New research data that shows advances in suturing techniques
• New methods that were effective and elegant for treating multiple wounds at the same time
• New surgical methods for closing skin cancer wounds effectively and cosmetically

Nanotechnology may be used to deliver natural immunomodulatory and anti-neoplastic ingredients

Adam Friedman, MD, will present “Nanotechnology and Immunomodulators” during a Sunday session. He is an associate professor of dermatology, residency program director, and director of translational research at George Washington University School of Medicine and Health Sciences in Washington, D.C.

Q: What is the focus of your presentation?
A: I will present new data on how nanomaterials can effectively deliver and use natural ingredients that have the potential to greatly impact both inflammatory and neoplastic diseases of the skin.

Q: What natural agents will you discuss in your presentation?
A: 1. Curcumin, which is the polyphenol that gives the Indian spice tumeric its yellow color and numerous medical benefits, from wound healing to cancer.

2. Sanguinerine, which is the active ingredient in blood root made notorious by internet-based, dangerous skin tag removal products, which, when used correctly, has potent anti-melanoma properties.

3. Chitosan, which is a structural carbohydrate derived from the chitin in crustacean exoskeleton that has potent anti-acne, anti-inflammatory, and anti-microbial properties.

4. Cannabinoids, which are the chemical compounds THC and CBD secreted by cannabis flowers that confer an ever-emerging array of therapeutic properties, including pain control, anti-inflammation, and anti-neoplasia. These and many other naturally occurring medicinal ingredients are purified by a common thread; they are inherently unstable and difficult to deliver through and to the intended target — the skin.

Q: How does nanotechnology factor into this?
A: Nanotechnology is the science of really really small. How small? One-billionth of a meter. Nano-sized materials can be designed and tailored to stabilize, target, and deliver these multifaceted agents in ways that have never been accomplished in the past. Through nanotechnology, the translation from plant to person can be realized.

Q: Why is nanotechnology so important in using these agents?
A: Our ability to capitalize on the unique properties of many naturally derived ingredients is hindered by their poor bioavailability, stability, and cosmesis. Nanotechnology can be tailored to overcome all of these limitations and enable us to translate the wealth of bench research on ingredients such as curcumin, sanguinerine, and even cannabinoids to the bedside.
ROZATROL™ Treatment For Red, Sensitized Skin

Nearly 80% of rosacea patients reported having to use more than one medication to manage the condition.*

Rozatrol™ features a multiplex of ingredients to relieve the multiple symptoms known to be associated with rosacea. All in One Tube.

Decrease in severity of rosacea, flushing and redness symptoms at six weeks.

*Independent third party study of 22 subjects to assess the efficacy potential of Rozatrol™ in minimizing the signs and symptoms of Rosacea. Subjects were evaluated at 2, 4, and 6 weeks with the following protocol AM and PM: Oilacleanse™, Rozatrol™ and Oclipse-C™ SPF 50 in the AM. *Source: National Rosacea Society Survey
**Breaking News**

**Preliminary data from VIP trials**

Studies explore relationship between skin, coronary disease

The negative effect of skin disease on vascular disease is the focus of several recent studies.

Data from two of those studies, the Vascular Inflammation in Psoriasis (VIP) trial and its related extension trial, VIP-E, as well as an observational cohort study, the Psoriasis Atherosclerosis Cardiometabolic Initiative (PACI), will be discussed Saturday during “Biologics: Perils and Promise.”

Two presentations in the session will look at the initial information from the VIP trial and PACI study, each using simultaneous imaging modalities, positron emission tomography (PET) and computed tomography (CT) to better understand the relationship between skin disease and vascular disease in patients with psoriasis, said Nehal N. Mehta, MD, MSCE. He will present “Imaging Vascular Diseases in Psoriasis” and Joel M. Gelfand, MD, MSCE, will present “Impact of Psoriasis Biologics on Cardiovascular Risk: Relevance for Clinical Practice.”

Other presentations during the session:
- "Unique Clinical Scenarios in Psoriasis"
- "Update on New and Emerging Psoriasis Medications"
- "Biosimilars: Clinical Study Design, Extrapolation, and Interchangeability"
- "The Risk of Infection and Malignancy With Biologic Therapy"

Dr. Gelfand will introduce preliminary results, and I will follow up with longitudinal data from our NIH cohort,” said Dr. Mehta, chief of the Section of Inflammation and Cardiometabolic Disease at the National Institutes of Health.

VIP is a randomized, controlled trial with three arms that used FDG PET/CT to study the effects of adalimumab versus phototherapy versus placebo on the primary outcome of aortic vascular inflammation at 12 weeks. VIP-E examined the results in those patients at 52 weeks. VIP and VIP-E are the first in a series of trials about the effects of skin disease on coronary arteries. Other ongoing trials are looking at the effects of ustekinumab and secukinumab, Dr. Mehta said.

**Tips to keep your patients relaxed**

In the course of everyday work, people become creative, finding ways to save time and get better results. Friday, four dermatologists regaled a large, interested audience as they reviewed favorite tips — from working positions to folding drapes to helping patients relax — during “Simple Tricks and Practical Tips to Optimize the Surgical Experience for You and Your Patients.”

Charlene Lam, MD, MPH, discussed the usefulness of wound closure procedures Friday during “Simple Tricks and Practical Tips to Optimize the Surgical Experience for You and Your Patients.”

**Patient Encounters**

Patient Encounter sessions dealing with "Medication Management," "The Difficult Patient," "Breaking Bad News," and "Total Body Skin Exam" will take place throughout the Annual Meeting. The sessions give attendees an opportunity to focus on a specific topic and learn new skills or hone skills they already use in practice.

Visit [www.aad.org/meetings/annual-meeting](http://www.aad.org/meetings/annual-meeting) for availability.

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**Amping up social media**

Annual Meeting attendees posed for a fun selfie Friday at the AAD Resource Center in The Connection, in Hall B4. Stop by the Selfie Station to take part in the fun. The first 200 attendees to participate will have an opportunity to take home a free selfie stick.
Breaking News

Blood monitoring not needed in acne treatment

Half of women in their 20s deal with the physical and emotional scarring of acne, and many have turned to using spironolactone as a treatment, but it is associated with side effects. New evidence has been published about how to best deal with those side effects.

Spironolactone is an antidiuretic that is effective in controlling hormonal cystic/scarring breakouts in patients with acne within three months. However, physicians are concerned about the possibility of elevated blood potassium levels in patients using greater doses of spironolactone, said Shari Marchbein, MD. Other side effects include irregular menses and breast tenderness.

Dr. Marchbein, assistant professor of clinical dermatology at New York University Langone School of Medicine, will discuss the use of spironolactone during a Saturday session. “Practical Guidelines for Using Spironolactone in Acne Patients.”

“There is a paucity of literature regarding the appropriate use, safety, and monitoring guidelines for spironolactone,” she said. “A 2015 article in JAMA Dermatology has given strong evidence that periodic blood monitoring to check for elevated serum potassium levels is not warranted.

“Most patients do not experience any abnormalities during spironolactone therapy. This is helpful in that it saves the patient from unnecessary blood draws, as well as saving health care dollars on unneeded tests.”

Other presentations during the session will address using spironolactone for treatments other than acne, such as high blood pressure and edema.

Allergic dermatitis in children

Conventional wisdom long has suggested that allergic dermatitis is uncommon in children. The reality is, children suffer from allergic dermatitis as frequently as adults. The most common culprits are chemicals in personal care products.

“There are over 4,000 chemicals that we are exposed to on a daily basis, and only 35 of them are acknowledged by the Food and Drug Administration as allergens,” said Sharon E. Jacobs, MD, professor of dermatology at Loma Linda University and founder/CEO of The Dermatitis Academy, an online information resource for patients and parents. “Children with persistent allergic contact dermatitis need patch testing just as much as adults do.”

Dr. Jacobs explored the current realities of allergic contact dermatitis in children Friday during “The Truth About Pediatric Contact Dermatitis” (U059). Data from the Pediatric Contact Dermatitis Registry found that 48 percent of children tested were contact sensitized with 65 percent clinical relevance—rates nearly identical to published adult data.

More recent data from a survey of 252 pediatric providers found that children with allergic dermatitis are 27 times more likely to have a positive patch test than children without allergic dermatitis and 110 times more likely to have generalized involvement.

“We need to test more children,” Dr. Jacobs said. “We are missing a lot of patients who need serious help. Patients with allergic dermatitis have a history of dermatitis for 3.5 years compared to 1.8 years for other patients.”

Pediatric patch test studies identified the top allergens as: neomycin, balsam of Peru, fragrance mixes, lanolin, cocamidopropylbetaine, formaldehyde, corticosteroids, methylchloroisothiazolinone (MCI)/methylisothiazolinone (MI), propylene glycol, and benzalkonium chloride.

Other common pediatric allergens include detergents, parabenoxide/composite, nickel, cobalt, cephalene, chromates, glucoside, and p-phenylenediamine, or PPD.

Images provided by Visual Dx

Pick up the Experience guide

The Experience AAD in Orlando onsite meeting guide is available in racks throughout the convention center. It has all of the vital information about the meeting:

• How to navigate AAD 2017
• Daily highlights
• AAD honors and awards
• Education information
• Exhibit hall floor plan and exhibitors
• Convention center maps
• City information

**Images provided by Visual Dx**
In Recognition of Our
2017 AAD ANNUAL MEETING SUPPORTERS

The American Academy of Dermatology gratefully acknowledges the following Corporate Partners for providing support of the Academy's 2017 AAD Annual Meeting.

Through their generosity, we are able to provide the following:

- Residents’ Reception (Friday)
- Young Physician and New Member Reception
- Meeting Concierge Program Vests
- Networking Center WiFi
- International Member Reception
- Advance Registration Mailer
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- Stars of the Academy Awards Reception
- Residents’ Reception (Thursday)
- Attendance Verification Monitors
- E-Posters Exhibit Area
- Leadership and Mentoring Reception
- Press Office and Media Appreciation Luncheon
- Residents’ Lunch (Thursday)
- Janssen
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THANK YOU!

Current contributors at time of publication.
EXPERIENCE • EXPLORE • INTERACT

at the

AAD Resource Center in Hall B4

Friday, March 3 – Monday, March 6
8 a.m. – 5 p.m. daily

WHAT’S NEW

• Come take your #AAD17 selfie!
  The first 200 attendees to post get a FREE selfie stick.

• Discover AAD’s Practice Management Center which features the latest resources designed to help you navigate the ever-changing practice environment.

• FREE professional headshots.

HEADSHOT SCHEDULE:
Friday, March 3 10 a.m. – 5 p.m.
Saturday, March 4 10 a.m. – 5 p.m.
Sunday, March 5 12 p.m. – 5 p.m.
Monday, March 6 10 a.m. – 5 p.m.

• Don’t forget our expert staff and Affinity Partners will be on-hand to assist you.

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• 10% off select AAD products.

• Receive $50 off your 2017 MIPS reporting plus a FREE gift with DataDerm™ enrollment.

• Pre-order and save $50 on the 2017 Annual Meeting On-Demand Recordings.

• 20% off one AAD product, see coupon below.

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Present this coupon and get
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and neck at an angle between 15 and 40 degrees.
A survey by the American College of Mohs Surgery showed that 90 percent of medical respondents reported some form of musculoskeletal symptoms or injuries. Dr. Lam said. The most common problem areas were the neck (65 percent), lower back (63 percent), shoulders (61 percent), and upper back (55 percent).
Allison Vidimos, MD, RPh, chairman of the department of dermatology at Cleveland Clinic, provided tips ranging from local anesthesia to protecting against eye injuries when using lasers.
For local anesthesia, Dr. Vidimos prefers to improve the patient experience by using lidocaine to begin numbing slowly before using bupivacaine. She then recommends using acetaminophen postoperatively to reduce pain.
Lasers are a danger to the eyes of both patients and health care professionals, so wearing goggles is vital, she said. It is also important to wear different goggles for different types of lasers. Dr. Vidimos recommended marking them clearly, even using color-coded dots on goggles to match dots on the equipment.
Finally, Dr. Vidimos warned the audience about Aschner reflex, in which a patient’s pulse rate can decrease when traction is applied to the ocular muscles or when the eyeball is compressed. She said she became aware of this reflex when a patient coded during a minor procedure she was observing.
Following Dr. Vidimos to the dais was Elizabeth M. Billingsley, MD, who talked about the importance of using drapes. She advocates for the liberal use of drapes to keep sutures and equipment sterile by keeping them from touching tables and chairs during a procedure.
Dr. Billingsley said she asks patients if they are claustrophobic before beginning a procedure because some patients can become anxious when covered by drapes.
“Make sure the patient can breathe, and if you cover the eyes, don’t push on the eyeballs,” said Dr. Billingsley, a professor of dermatology at Penn State Hershey Medical Center.
Marc D. Brown, MD, professor of dermatology and oncology at the University of Rochester, described processes his office uses to keep surgical patients relaxed.
“Stress impairs wound healing by as much as 40 percent,” he said. He urged keeping patients as stress-free as possible, including answering questions from anxious patients following the procedure.

**SUNSCREEN, continued from page 1**
- Several agents used in sunscreens outside the U.S. could potentially improve sunscreen effectiveness. The Food and Drug Administration has indicated that it needs more data on these ingredients before they can be approved for use, but Dr. Rigel hopes this will be re-evaluated.
- Allergies to sunscreen occur in less than 1 percent of the population. Most issues attributed to allergies are actually a reaction to fragrance or using a heavy sunscreen that may cause acne.
- The FDA recommends more studies on the impact of zinc nanoparticles in sunscreen.
- Sunscreens with antioxidants often may have added sub-therapeutic levels so that they may have little impact on UV protection.
- When using insect repellants and sunscreen, apply the repellent first so absorption into the skin can be minimized.
- Getting a base tan does not help reduce the risks of sun exposure.
- Sunscreen may break down in excessive temperatures, such as in cars parked in the sun in the summer heat, where the temperature can exceed 150 degrees. It remains stable in 100-degree weather on the beach.

**THE NEXT GENERATION OF HEALING OINTMENT**

Its unique formulation is hypoallergenic, non-comedogenic, and protects and soothes the skin.

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CeraVe is widely available at these and other retailers:

- Walmart
- CVS
- Amazon

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Be sure to also like the new Facebook page designed specifically for AAD Members (@AADmember), which will also be updating followers with news and information about the Annual Meeting, including posts about new and popular sessions, special events, tourist information, and, of course, shared photos of members and attendees enjoying the meeting.

To share your photos with the AAD, use the official meeting hashtag #AAD17 in all your posts and tweets to engage in conversations and activities throughout the meeting.

- Facebook: www.facebook.com/AADmember
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Make payment easier at every age and through every stage.

For the latest information on program titles, times, locations, and registration go to aad.org/incprograms.

Meet the AAD Board of Directors

Don't miss out on attending Industry Non-CME (INC) Programs being held in the evening from March 2 – March 5, 2017, in Orlando, FL. At the sponsoring company's discretion, these programs may be promotional or educational in nature.

Programs are held conveniently at the Hyatt Regency Orlando and/or Hilton Orlando, and cover a range of topics.

Attend an Industry Non-CME (INC) Program

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You’re invited to join the discussion!

Moving Beyond Topicals: Perspectives on Systemic Treatment for Psoriasis

INDUSTRY EXPERT SESSION

Sponsored by Celgene

Shane Chapman, MD
Dartmouth Hitchcock Dermatology
Lebanon, New Hampshire

Friday, March 3, 2017 / 11:00 AM – 11:45 AM / Exhibit Floor
Orange County Convention Center / Orlando, Florida

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61% Reduction in Itch Scores in 3 Hours

Mean Scores (10cm VAS Scale)

6.48* 4.56* 2.51* 2.26*

BASELINE IMMED POST APP HOUR 3 DAY 7

* Significant improvement (p<0.001) n = 39 patients with mild to moderate AD

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